

GOBINDGARH PUBLIC COLLEGE, ALOUR (KHANNA)

Performa for Fee Concession under Sibling Scholarships

1. Name of Student: _____
2. Father's Name : _____
3. Mother's Name: _____
4. Class: _____ Roll No: _____ Category: _____
Marks in 10+2 _____ I year _____ II Year _____
5. Address and Tel. Phone No. & E-Mail _____

6. Adhar Card No. _____
7. Brother/ Sister studying in College _____
8. Name : _____
9. Father's Name : _____
10. Mother's Name: _____
11. Class: _____ Roll No: _____
Marks in previous Class _____ Ist year _____ IInd Year _____

Declaration by Student:

The Information provided above is true to the best of my knowledge. If any information is found to be false at any stage then Fee Concession or Financial Aid provided to me can be withdrawn at any time by the college.

(Signature of Father/Guardian)

(Signature of Student)

Scholarship amount will be deducted in college fees. Cash scholarships will be awarded only to those who will deposit full semester fee. Candidate can avail only one scholarship at a time as per his/ her choice.

Remarks by Committee

(Signature)

Final Sanction

(Principal)

(Chairman)